



THE NAVAJO NATION
DIVISION OF SOCIAL SERVICES
DEPARTMENT OF FAMILY SERVICES

P.O. BOX 704*WINDOW ROCK, AZ 86515

PH: 928.871.6556 FAX: 928.871.7009



LIHEAP CHECKLIST

CUSTOMER NAME (Last, First, MI)	DATE
CHECKLIST PURPOSE LIHEAP	

REQUIRED	COMPLETED	ITEMS	DATE Received
		1. Official State Issued Picture Identification Card	
		2. Certificate of Indian Blood/Tribal Enrollment Card	
		3. Social Security Card	
		4. Detailed Map of Residence	
		5. Wood And Coal – W9 (Required)	
		6. Employment- 2 check stubs (Bi-Weekly Pay) 4 check stubs (Weekly Pay) Unemployment – Termination/Laid Off or Furlough Notices.	
		7. If No-Income complete "Statement of Truth" with signature at time of application.	
		8. Original Home Heating Statement/Quote from vendors: Utility Statement (NTUA Bill), Propane, Natural Gas (NTUA Bill) Quotes for Weatherization	
		9. Current/Recent Income Verification SSI/SSA/SSB/VA; UI Benefits;Per Capita;Unemployment/Workman's Comp; Child Support/Alimony; Food Stamps; Railroad Benefit; Program for Self Reliance General Assistance; Private Government/Regular Insurance, Royalties/Annuity and/or interests from rent/Estate or Trust Fund, Donated Foods.	

CUSTOMER SIGNATURE:	DATE:	
CASEWORKER:	PHONE NO. (928)871-6556	DATE:

Case No. _____
Region: _____
Chapter: _____
State: _____

NAVAJO NATION
DIVISION OF SOCIAL SERVICES
Application for Social/Financial Services

Date: _____

SECTION A: I am ☐ a resident of the Navajo Nation, ☐ on Navajo Trust Land, ☐ in a community designated as Near Navajo Nation, ☐ Other:

I am requesting ☐ Adult Care, ☐ Child Welfare ☐ General Assistance, ☐ Emergency Assistance, ☐ Low Income Home Energy Assistance, ☐ Community Services Block Grant, ☐ Provider: CFC, CCDF, ☐ Home Care ☐ Other _____

Why are you requesting Social/financial Services	
Mailing Address:	
Directions to Home:	Telephone:

NAME OF HOUSEHOLD MEMBERS LAST, FIRST, MIDDLE	RELATIONSHIP	DATE OF BIRTH	SOCIAL SEC. NO.	CENSUS NO.	DISABLED YES/NO	NAME OF PAYEE/ GUARDIAN IF APPLICABLE	EDUC LEVEL	NAME OF SCHOOL
1	Applicant							
2								
3								
4								
5								
6								
7								
8								
9								
10								

SECTION B CURRENT RESOURCE INFORMATION

1. HOUSEHOLD MEMBERS	SOURCE OF INCOME/PLACE EMPLOYED	GROSS/NET INCOME	HOW OFTEN PAID

2. HOME: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Board Amount Paid:		To whom?		Do you pay utilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Have you received Assistance from Tribal, State, or other Social Services entities before? <input type="checkbox"/> Yes <input type="checkbox"/> No					
When?		From Where?			
4. <input type="checkbox"/> Cash on hand <input type="checkbox"/> Checking <input type="checkbox"/> Savings Approx amount:					
5. What is your yearly income from livestock?					
6. How much do you earn per month from:		Weaving:		Arts & Craft:	
Traditional Medicine Service:		Hauling Wood/Coal/Water:		Hauling People:	
				Other:	
7. Occupation: Mr.		Ms.		Skill(s): Mr. Ms.	

SECTION C: YOUR RIGHTS

APPEALS PROCEDURE: You have received a copy and signed the NDSS appeals procedures. (Attachment: NDSS Grievance Policy) Initial: _____

FEDERAL LAW GOVERNING FRAUD: Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals or covers, by any trick, schemes, or device, as material fact, or makes any false, fictitious or fraudulent statements or representations or makes or uses any false writing or documents, knowing the same to contain any false, fictitious or fraudulent statement or entry shall be fined not more than \$10,000, or imprisoned not more than 5 years of both. Initial: _____

PRIVACY ACT ADVISEMENT: All records will be maintained under provision of Privacy Act 5 U.S.C. S 552.a; The Privacy Act of 1974; P.L.104-191-1177, HIPAA and 2 N.N.C. Subchapter 4, § 81-91; The Navajo Nation Privacy Act of 1996. Information contained in this application will not be shared without your written consent and authorization.

I/We have read or heard or had interpreted to me/us the preceding provision of law and understand them. I/We agree to supply all necessary information about my/our resources and income, residence, members of my/our household, employment and to notify the agency when my/our situation changes. I/We also authorize the Navajo Nation to obtain information necessary to establish my/our eligibility for assistance. Initial: _____

Authority authorizing collection of information; Information collection authorized by 35 U.S.C. Section 13.25 Section 450 (a) et seq., as amended, implementing Regulations and contract provisions. Initial: _____

I/We, certify that the information that I/We have given is true and correct.

_____ Signature of Applicant	_____ Date	_____ Witness to Mark
_____ Signature of Applicant	_____ Date	_____ Person who helped complete application

Section D: TO BE COMPLETED FOR ALL NDSS SERVICES

Children (0-17) _____ Adults (18-54) _____ Elder (55 & over) _____
 No. Disabled _____ Children in B.S. _____ Foster Care _____

General Assistance	Assistance Category:	Residential Cost:	
	Total:	Payee/Facility	
Basic Need:		Address:	
Utility Allowance:			Total:
Rental/Mortgage :		Facility/Vendor Daily Rate:	
Homeowner Allowance :		Consumer Resource:	
Total Need :		(-) Personal Allowance :	
Initial Grant:		(-) Clothing Allowance:	
Monthly Grant:		(-) Special Needs :	

REVIEW DATE: _____ Calculation base Total in Household _____ & the State/Neg. rate _____ standard.

Worker: _____ Signature _____ Date _____
 Copy (given) to client: _____
 Copy (mailed) to client: _____

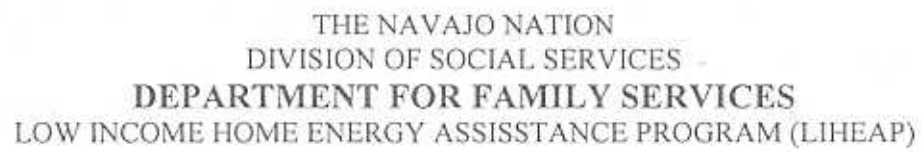
Section E: CERTIFICATION STATEMENT

Date Approved	Date Denied	Reason for denial
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I certify that _____ is eligible/ineligible for services in accordance with _____.

Your application for _____ covers your needs from the date of application through _____.

SUPERVISOR/AUTHORIZED SIGNATURE	TITLE	DATE
REMARKS:		



This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Signature _____

Date _____

100-03-18-08-9

Applicant Name: _____ NDSS Worker _____

Date of Map: _____ Program: _____

Please draw us a map of where you live or where we can find you. In case we need to contact you for important reason.

N

W

E

S

Applicant's Signature

Date

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name/disregarded entity name, if different from above	
Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number									
				-					
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.